PTO/88/08 (12-04)

Approved for use through 7/31/2006, CMB 06610001
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalld CMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-876 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN · (Column 1) SMALL ENTITY OR (Column 2) SMALL ENTITY NUMBER FILED FOR NUMBER EXTRA RATE (1) FEE (S) RATE (\$) BASIC FEE FEE AL NIA 137 OFF 1.16(1), (b), or (c)) NA 150.00 N/A 300.00 SEARCH FEE · N/A NIA (37 CFR 1 16(H) (1) or (m)) NA \$250 H/A \$500 **EXAMINATION FEE** . 1 NA N/A (3) CFR. 1.16(d, (p), or (q)) NA \$100 NIA \$200 TOTAL CLAIMS (3) CFR 1.16(1)) X\$ 25 minus 20 X\$50 OR INDEPENDENT CLAIMS X100 (37 CFR 1.16(N) C sunim X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due la \$250 (\$125 for small entity) for each (37 CFR 1.16(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) +180= +360× * Kithe difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT. NUMBER RATE (1) ADDI-RATE (\$) AFTER PREVIOUSLY ADDI-EXTRA TIONAL MENOMENT TIONAL BAID FOR FEE (\$) FEE (1) Minus DT CFR Literal X\$ 25 D ENDM X\$50 OR Independent Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (3) CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OB ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (1) ADOI: RATE (\$) ADDI-NITER PREVIOUSLY PAID FOR EXTRA TIONAL FEE (\$) AMENDMENT TIONAL FEE (\$) Total (27 CFR 1.16(1) Minus X\$ 25 X\$50 OR Independent profesions Minus X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.100) +180= +360= OR TOTAL TOTAL: OR ADD'L FFF "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This colection of Information is required by 87 CFR 1.16. The information is required to obtain to retain, a benefit by the public which is to fits (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the Individual case. Any comments on the smound of three you require to complete this form and/or suppositions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

**ADDRESS. SEND TQ: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. ADD'L FEE